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## BIB DATA SHEET

CONFIRMATION NO. 8887

|   |   |  |                               |  |                          |                                |
|---|---|--|-------------------------------|--|--------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/635,364  | <b>FILING or 371(c)<br/>DATE</b><br>08/06/2003<br><b>RULE</b>   | <b>CLASS</b><br>206                                      | <b>GROUP ART UNIT</b><br>2872 | <b>ATTORNEY DOCKET NO.</b><br>LIFENHANCER<br>INC-PA-2        |                          |                                |
| <b>APPLICANTS</b><br>Jiming Mei, Ellicott City, MD; <i>DSC</i><br>Dennis Xiang, Germantown, MD;<br><b>** CONTINUING DATA *****</b><br><i>None DSC</i><br><b>** FOREIGN APPLICATIONS *****</b><br><i>None DSC</i><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>10/31/2003 |   |  |                               |  |                          |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <i>Derick Chong</i><br>Examiner's Signature                                   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWINGS</b><br>3                                  | <b>TOTAL CLAIMS</b><br>7 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>OBER / KALER<br>c/o Royal W. Craig<br>120 East Baltimore Street<br>Baltimore, MD 21202<br>UNITED STATES   |   |  |                               |  |                          |                                |
| <b>TITLE</b><br>Measured array for slides   |   |  |                               |  |                          |                                |
| <b>FILING FEE RECEIVED</b><br>375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                               | <input type="checkbox"/> All Fees                            |                          |                                |
|   |   |  |                               | <input type="checkbox"/> 1.16 Fees (Filing)                  |                          |                                |
|   |   |  |                               | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                          |                                |
|   |   |  |                               | <input type="checkbox"/> 1.18 Fees (Issue)                   |                          |                                |
|   |   |  |                               | <input type="checkbox"/> Other _____                         |                          |                                |
|   |   |  |                               | <input type="checkbox"/> Credit                              |                          |                                |